

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040806

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 200

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		c. CITY OR TOWN <i>Portageville</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R. R. 3</i>
3. NAME OF DECEASED (Type or print) First <i>Hattie</i> Middle <i>Minnie</i> Last <i>Brown</i>		4. DATE OF DEATH Month <i>October</i> Day <i>10</i> , Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-20-1917</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>X</i>	9. AGE (last birthday) <i>46</i>
11a. FATHER'S NAME <i>Thomas Glover</i>		11b. BIRTHPLACE (City and state or country) <i>Alabama</i>	
12a. MOTHER'S MAIDEN NAME <i>Martha Tucker</i>		12b. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		14. SOCIAL SECURITY NO. <i>X</i>	
15. INFORMANT <i>Gary C. Brown</i>		16. ADDRESS <i>Portageville, Mo.</i>	

17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i> 7621 193 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Anemia and chronic debility</i> 1901 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>Hours</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of uterus</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Portageville, Mo.</i>	
20g. COUNTY		20h. STATE	

21. I attended the deceased from <i>July 5, 1963</i> to <i>10-10-63</i> and last saw her <i>alive</i> on <i>10-10-63</i> Death occurred at <i>9:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Donata R. R. John</i>	22b. ADDRESS <i>Portageville, Mo.</i>
22c. DATE SIGNED <i>10-12-63</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-12-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mounds Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lilbourn, Mo.</i>
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24. FUNERAL DIRECTOR <i>Osborn Funeral Home, Wardell, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-13-63</i>	26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>
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USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 24 1963
NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James G. Dobson

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.